

**OFFICE OF PERSONNEL MANAGEMENT  
Catastrophic Leave Bank Program**

**LIABILITY AGREEMENT**

I have read and understand the rules and regulations of the Catastrophic Leave Bank Program.

**FORFEITURE OF BENEFITS**

I understand that I will forfeit the benefits of the Catastrophic Leave Bank Program by:

- a. Resignation or termination of employment with the State of Arkansas.
- b. Any fraud or misrepresentations of facts in making application for benefits from the Catastrophic Leave Bank Program.

I understand that alleged abuse of the Catastrophic Leave Bank Program shall be investigated, and, on a finding of wrong-doing, I shall repay all of the leave hours drawn from the program and shall be subject to such other disciplinary action as is determined by my agency director/institution head.

**RELEASE FROM LIABILITY**

I understand that the Catastrophic Leave Bank Committee is not an agency, board or other subdivision of the State of Arkansas. The Committee's recommendations are not subject to grievance, arbitration or litigation. Committee actions may be appealed only the State Personnel Administrator and, if necessary, the Director of the Department of Finance and Administration.

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Signature of Employee or Designee

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Date